Tobacco Cessation Program Sponsored by NDPERS

2008 NDPERS Wellness Forum Rebecca Fricke



BACKGROUND

The NDPERS Tobacco Cessation Program is funded by a grant made available through the ND Department of Health.

The grant provides an appropriation of \$150,000 or as much as necessary for the purpose of funding employee tobacco education and cessation programs for state employees for the biennium beginning July 1, 2007 and ending June 30, 2009.

PERS has contracted with BCBS to provide services.



ELIGIBLE EMPLOYEES

The grant applies to:

- state employees, including
 - university system employees
 - district health unit employees
 - Garrison Diversion employees
- dependents of the above who are age 18 & over

Employees and/or dependents must be on the NDPERS health insurance plan.



PROMOTION MATERIALS

All promotional materials are developed by BCBSND & approved by ND Health Department

- Email flyers
- Posters
- Postcards
- PERSpectives Newsletter



BENEFIT PERIODS

- Employees may enroll throughout the biennium
- Program ends June 30, 2009, which means the last date to enroll is April 30, 2009



- Per Member Per Benefit Period:
 - \$200 for counseling services
 - \$500 for office visit, prescription drugs and over-the-counter drugs prescribed for tobacco cessation
 - Total expenses cannot exceed \$700



ENROLLMENT

- Information available through BCBSND service unit number on the backside of the member's health insurance ID card
- PERS web site at <u>www.nd.gov/ndpers</u> under Tobacco cessation icon on home page



QUESTIONS?



North Dakota Cessation Programs

Michelle Walker, BS, RRT
Cessation Coordinator
Division of Tobacco Prevention &
Control
North Dakota Department of Health

NDPERS Cessation Providers

- City-County Health
- Fargo Cass
- Grand Forks Public Health
- Custer Health
- Dickey County Health District
- Bismarck Burleigh
- Sargent County District Health
- Traill County District Health
- Lake Region District Health Unit

- SW District Health
- Ransom County
- Sakakawea Medical Center
- Primecare health Group
- Jamestown Hospital
- First District Health Unit
- Richland County Health Department
- North Dakota Tobacco Quitline

Local Cessation Programs

- Hospital/Clinic based
- <u>www.ndhealth.gov/tobacco</u>
- Online
 - www.BecomeAnEx.org
 - www.lungusa.org
 - www.quitnet.com

Directory of North Dakota Tobacco Cessation Programs (Updated 3-18-08)

Click here for a map of North Dakota tobacco cessation programs

Adams

Program Name: Southwest District Health Individual Tobacco Cessation Program

Location: Tobacco Prevention & Control Office

Address: 2893 Third Ave. W., Suite 101

Dickinson, N.D. 58601

Contact: Bobbie Olson, Jennifer Schaeffer

Phone: 701.483.3760 or 800.697.3145

Type of Program: Class or individual counseling

Program Duration: Five weeks

Additional Info:

Barnes

Program Name: Barnes County Tobacco-Free Network

Location: City-County Health and Home Care office

Address: 230 Fourth St. N.W., Room 102

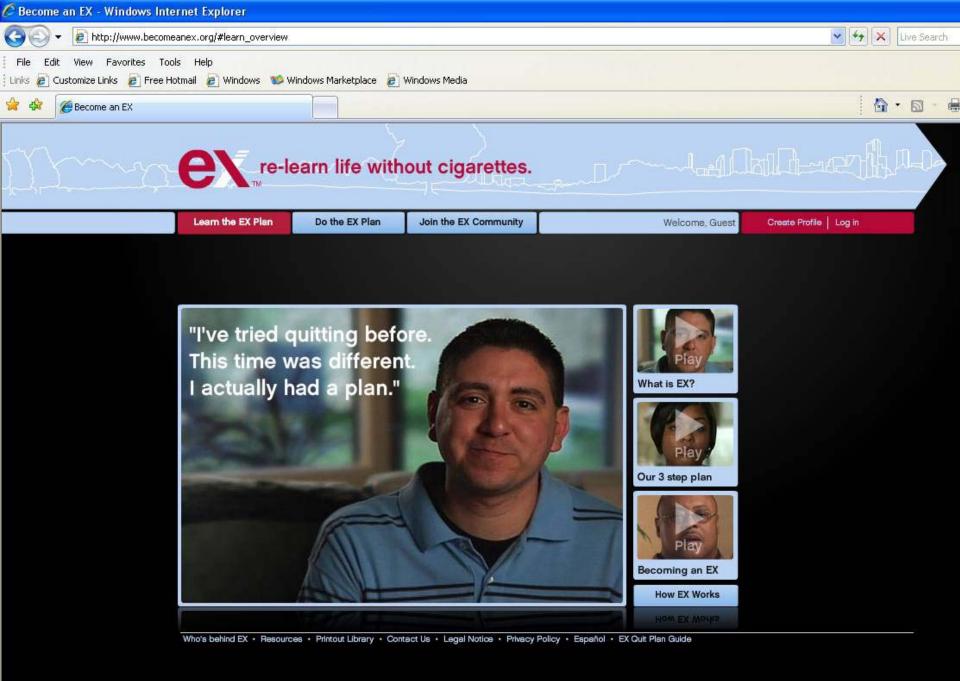
Valley City, N.D. 58072

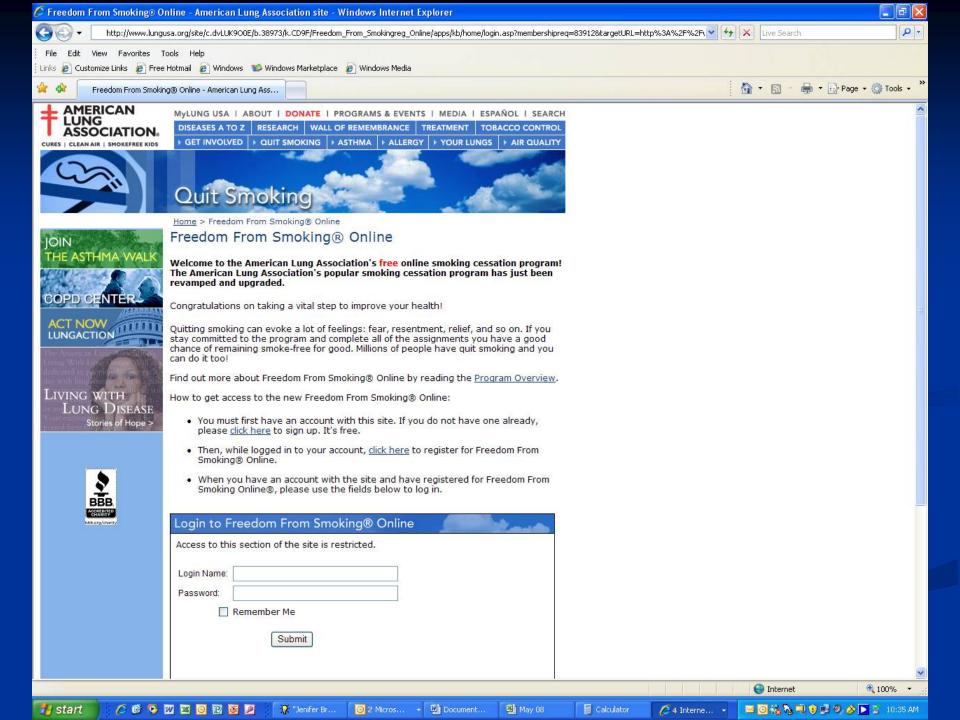
Contact: Gloria Pesek or Vicki Voldal Rosenau

Phone: 701.845.8518

E-mail: <u>bctprev@daktel.com</u>

Type: Group classes/counseling









- Telephone based counseling service
- Activated September 20, 2004
- Free service available to all North Dakota residents

- Employs four counselors in North Dakota
- Hours:

■ Monday-Thursday 7:00am – 8:00pm

■ Friday 7:00am – 7:00pm

■ Saturday 10:00am – 4:00pm

Voice mail available 24 hours/day

- Every caller receives a thorough initial assessment
- May also receive up to 5 additional counseling sessions
- 6 & 12 month outcome calls
- Special protocols for special populations
- Will refer callers to local cessation programs if needed

- Nicotine Replacement Therapy (NRT)
 - 28-day supply of patch, gum or lozenge available to those who meet eligibility requirements
 - May refer to other sources











North Dakota Tobacco Quitline Authorization to Release Information

Provider Information:			Date:	//
Clinic Name:				
Health Care Provider Name: _				
City: Contact Name:	s	tate:	Zip Code:	
Contact Name:				
Fax Number: ()	Phone Numbe	r: ()		
Comments:				
Patient Information:				
Client Name:			DOB:_	//
Address:				
City:	State: Zip Co	ode:	County:	
Phone Number: ()	Alternate P	hone Numbe	r: ()	
l,	, hereby	authorize my	physician and	clinic or hospital
to release the information provide	ded to the North Dakota	Tobacco Quit	ine to contact i	me at home
regarding tobacco cessation.				
I understand that this informatio	n will be treated profess	ionally and co	nfidentially in a	ccordance with
federal and state regulations.				
This consent is subject to writte	n revocation at any time	except to the	extent that acti	on has already
been taken upon this consent.	This consent will automa	tically expire s	ix months from	the date of
signature below.				
North Dakota Tobacco Quitline	services will not be prov	ided without s	ignatures on th	is form and a
copy provided to the North Dak				
Patient Signature	// Date	Witness	Signature	
The North Dakota Tobacco Qui	tline will call you. Please	indicate the b	est times and	days for them to
reach you.				
O 7 a.m. to 11 a.m. O 1	1 a.m. to 2 p.m. O 2 p.m	. to 5 p.m.	5 p.m. to 8 p.m.	
O Monday O Tuesday				

Please FAX to:

North Dakota Tobacco Quitline Attn: Intake Assistant 507.538.5081 This faxed information is intended only for the use of the individual or entity to which it is addressed and contains information that is confidential. Furthermore, this information may be protected by Federal law relating to confidentiality (42 CFR Part 2) prohibiting further disclosure. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to the provider address listed above address via mail. Thank you.

City County Cessation Program

- Program specifically provides services to city or county employees and their family members
- Nine participants in 2007-2009
- Requires 3:1 match

Contact Information

Michelle Walker701.328.2315mlwalker@nd.gov